

CITY OF ANNISTON, ALABAMA

P. O. BOX 2144
ANNISTON, AL 36202-2144
(256) 231-7726

*****\$100 Application Fee*****

Applicant's Name and Mailing Address:

Name & Address of Owner:

Employees or Agents Working Within Anniston's Jurisdiction:

Name

SS Number

DL Number & State

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Address of Permanent Place of Business: (If there is not a permanent place of business in the State of Alabama, a copy of a certificate of the Secretary of the State of Alabama evidencing the fact that the dealer has qualified to do business in Alabama and the name and address of its agent for the service of process in the state.)

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Name of Proposed Sale _____

Address of Proposed Sale _____

Date or Time of Proposed Sale _____

Address Where Refundable Portion of Prepaid Sales Tax Should Be Mailed:

Name and Telephone Number of Person Who Could Answer Any Additional Questions:

(Name)

(Phone Number)

LICENSE IS GOOD FOR A PERIOD OF NOT MORE THAN 30 DAYS